Under the Paperwork Reduction	on Act of 1995	no nersons are required	to res		and Tra	demark	Office; U.S. D	EPARTME	2006, OMB 0651-0032 ENT OF COMMERCE OMB control number	
Effective on 12/08/2004.				Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/6		10/60	0/604,141			
FEE TRANSMITTAL			- [Filing Date		June 27, 2003				
For FY 2005				First Named Inventor		Haswell et al.				
				Examiner Name Mujtab			ba M. Chaudry			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		2133				
TOTAL AMOUNT OF PAYMENT (\$) 0				Attorney Docket	No.	FIS920030157US1				
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify)										
The state of the s										
Deposit Account Name: IDIVI Last 1 ISTNIII										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any a under 37 CFF		s) or underpayments	of fee	(s) Credit	any ov	erpayr	ments			
WARNING: Information on this	form may be		rd info	rmation should no	ot be inc	luded	on this form.	Provide c	redit card	
Information and authorization on PTO-2038.										
FEE CALCULATION										
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES										
Ameliantian Time	Sı	mall Entity		Small Entity		s	mall Entity		' D-Id (6)	
Application Type Utility	Fee (\$) 300		ee (\$) 500		<u>Fee</u>	_	Fee (\$)	<u> </u>	ees Paid (\$)	
Design	200		.00	250	130		100	-		
Plant	200		00	50	160		65			
Reissue	300		500	150			80			
				250	600		300	_		
Provisional	200	100	0	0)	0		F	
2. EXCESS CLAIM FEES Fee Description								Small Fee		
Each claim over 20 (including Reissues)							50		25	
Each independent claim over 3 (including Reissues)							200		00	
Multiple dependent claims				Paid (\$)			360 180 Multiple Dependent Claims			
Total Claims							Fee (\$) Fee Paid (\$)			
HP = highest number of total claims paid for, if greater than 20.										
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)										
HP = highest number of independent claims paid for, if greater than 3.										
3. APPLICATION SIZE FEE Tithe amonification and dequipment of a contraction of the contra										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50										
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) = Fee Paid (\$) - 100 = (round up to a whole number) x =										
4. OTHER FEE(S) Fees Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing	z surcharge)	1								

SUBMITTED BY							
Signature	/Peter W. Peterson/	Registration No. (Attorney/Agent) 31,867	Telephone 203-787-0595				
Name (Print/Type)	Peter W. Peterson		Date November 20, 2006				

This collection of information is required by 37 CFR 1.136. The information is required to Obtain or retain a benefit by the public which is to life (and by the USFT to process) an application. Confidentially is governed by 38 USE. CI 240 at 37 CFR 1.141. This collection is estimated to take 30 minutes to complete, including gathering preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comment on the amount of time you require to complete this form andor suggestions for working this burden, should be sent to the Christ Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.